

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN San Carlos)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 5 days life			
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) San Carlos Indian Hospital.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation.	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Arnold B. (MIDDLE) C. (LAST) Polk			4. SEX male	5. COLOR OR RACE Indian
6. MARRIED - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH Jan. DAY 31 YEAR 1950	8. AGE YEARS 11 MONTHS 13 DAYS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Infant	
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Frederick Galsun	14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Angelita Polk	15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
16. INFORMANT'S SIGNATURE <i>James Sandace</i> ADDRESS San Carlos, Arizona.		17. DATE OF DEATH (MONTH) December (DAY) 14 (YEAR) 1950		

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). † THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. ✓ PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Pneumonia.		1 day
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Enterocolitis.		5 days.
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec. 9 , 19 50 TO Dec. 14 , 19 50 THAT I LAST SAW THE DECEASED ALIVE ON Dec. 14 , 19 50 AND THAT DEATH OCCURRED AT 8:10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE (DEGREE OR TITLE) <i>Sander Litta, M.D.</i>	23B. ADDRESS San Carlos, Arizona.	23C. DATE SIGNED Dec. 14, 1950

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Dec. 15, 1950	24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona.
25A. DATE REC'D BY LOCAL REG. Dec. 15, 1950.	25B. REGISTRAR'S SIGNATURE <i>S. Litta</i>	26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buried by family.	27. EMBALMER'S SIGNATURE